Model Safety Program

Manufacturing
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How to Use This Manual

To The Employer:

Safety and loss prevention is a management responsibility which includes the development and implementation of an effective program suited to specific operational needs. It is State Auto’s hope that this model program will assist management in meeting this responsibility.

The purpose of this safety manual is to establish standards for a specific safety program for the manufacturing industry.

This manual is intended to serve as the basis for an employer integrated safety and health management program. The essential elements of this program include: top management's commitment and involvement; the establishment and operation of safety committees; provisions for safety and health training; first aid procedures; accident investigations; recordkeeping of injuries; and workplace safety rules, policies, and procedures.

If this manual meets the needs of your establishment, it may be used exactly as written. Use of all or part of this manual does not relieve employers of their responsibility to comply with other applicable local, state or federal laws. Neither State Auto nor its affiliates asserts that compliance with the suggestions contained in this program will assure the safety of persons and property.

It is intended that this manual be enhanced and continuously improved by the employer. Any section of this manual may be modified by the employer to accommodate actual operations and work practices, provided that the original intent of that section is not lost. For example, if a safety committee meets weekly or quarterly instead of monthly, then Section II of the manual should be amended to accommodate this practice. If there is a safety rule, policy, or procedure appropriate for the work or work environment which has not been included, or if a rule included in Section VII is inappropriately written, then a new safety rule, policy, or procedure should be added to improve the manual. Likewise, if a specific rule in the Safety Rules, Policies, and Procedures section does not apply because the equipment or work operation described is not used, then that specific rule should be crossed out or deleted from the manual. If accidents occur, new safety rules should be developed and incorporated in Section VII of this manual to prevent their recurrence.

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Section I

MANAGEMENT COMMITMENT AND INVOLVEMENT

POLICY STATEMENT

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

Name: __________________________ Title: __________________________ Telephone: __________________________

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, I, or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation;
- Providing safety and health education and training; and
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

Signature of CEO/President __________________________ Date __________________________
Section II.
SAFETY COMMITTEE

Safety Committee Organization
A safety committee has been established as a management tool to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee employer representatives will not exceed the amount of employee representatives.

Responsibilities
The safety committee will be responsible for assisting management in communicating procedures for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

Management will provide written responses to safety committee written recommendations.

Meetings
Safety committee meetings are held quarterly and more often if needed and each committee member will be compensated at his or her hourly wage when engaged in safety committee activities.

Management will post the minutes of each meeting (see page 3) in a conspicuous place and the minutes will be available to all employees.

All safety committee records will be maintained for not less than three calendar years.
SAFETY COMMITTEE MINUTES

Date of Committee Meeting: ____________   Time: ____________
Minutes Prepared By: ________________   Location: ____________

Members in Attendance
Name                             Name                      Name
__________________________________________

Previous Action Items:

Review of Accidents Since Previous Meeting:

Recommendations for Prevention:

Recommendations from Anonymous Employees:

Suggestions From Employees:

Recommended Updates To Safety Program:

Recommendations from Accident Investigation Reports:

Safety Training Recommendations:

Comments:
Section III

SAFETY AND HEALTH TRAINING

Safety and Health Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and will be given a personal copy of the safety rules, policies, and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our workplace safety program manual. All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

Job-Specific Training

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

Periodic Retraining of Employees

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.
Section IV

FIRST AID PROCEDURES

EMERGENCY PHONE NUMBERS

Safety Coordinator  ____________  Poison Control
First Aid  ____________  Fire Department
Ambulance  ____________  Police
Medical Clinic
Clinic Address

Minor First Aid Treatment
First aid kits are kept in the front office and in the employee lounge. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

• Inform your supervisor.
• Administer first aid treatment to the injury or wound.
• If a first aid kit is used, indicate usage on the accident investigation report.
• Access to a first aid kit is not intended to be a substitute for medical attention.
• Provide details for the completion of the accident investigation report.

Non-Emergency Medical Treatment
For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

• Inform your supervisor.
• Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
• Provide details for the completion of the accident investigation report.

Emergency Medical Treatment
If you sustain a severe injury requiring emergency treatment:

• Call for help and seek assistance from a co-worker.
• Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.
• Provide details for the completion of the accident investigation report.

First Aid Training
Each employee will receive training and instructions from his or her supervisor on our first aid procedures.
Section V

ACCIDENT INVESTIGATION

Accident Investigation Procedures

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports (see page 3) are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

• Implement temporary control measures to prevent any further injuries to employees.

• Review the equipment, operations, and processes to gain an understanding of the accident situation.

• Identify and interview each witness and any other person who might provide clues to the accident's causes.

• Investigate causal conditions and unsafe acts; make conclusions based on existing facts.

• Complete the accident investigation report.

• Provide recommendations for corrective actions.

• Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.
ACCIDENT INVESTIGATION REPORT

REPORT #

COMPANY:___________________ ADDRESS:

1. Name of injured:__________________________ S.S. #:____________________
2. Sex [ ] M [ ] F Age:____ Date of accident:
3. Time of accident:_____ a.m. _____ p.m. Day of accident:
4. Employee's job title:
5. Length of experience on job:____ (years)  ____ (months)
6. Address of location where the accident occurred:

7. Nature of injury, Injury type, and Part of the body affected:

8. Describe the accident and how it occurred:

9. Cause of the accident:

10. Was personal protective equipment required? [ ] yes [ ] no Was it provided? [ ] yes [ ] no Was it being used? [ ] yes [ ] no If "no", explain.

11. Witness(es):

12. Safety training provided to the injured? [ ] yes [ ] no If "no", explain.

13. Interim corrective actions taken to prevent recurrence:

14. Permanent corrective action recommended to prevent recurrence:

15. Date of report ______________________ 19
Prepared by:

Supervisor (Signature)____________________________ Date:

16. Status and follow-up action taken by safety coordinator:

Safety Coordinator (Signature)____________________________ Date:
INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: This section is self-explanatory.

(Item 7) Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture. Injury Type: First aid - injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time - injured missed more than one day of work; No Injury - no injury, near-miss type of incident. Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.

(Item 8) Describe the accident: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Item 9) Cause of the accident: Describe all conditions or acts which contributed to the accident, i.e.,
   a. unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
   b. unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

(Item 10) Personal protective equipment: Self-explanatory

(Item 11) Witness(es): List name(s), address(es), and phone number(s).

(Item 12) Safety training provided: Was any safety training provided to the injured related to the work activity being performed?

(Item 13) Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

(Item 14): Self-explanatory

(Item 15): Self-explanatory

(Item 16) Follow-up: Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.
Section VI

RECORDKEEPING PROCEDURES

Recordkeeping Procedures

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of three (3) years and include:

- Accident Investigation Reports, see page 3;
- Workers' Compensation Notice of Injury Reports
- Log & Summary of Occupational Injuries and Illnesses OSHA 300
- 1st Report of injury